FORM D

APR 2 0 2007

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
NIFORM LIMITED OFFERING EXEMPTION



Prefix Scrial

DATE RECEIVED

	(C)		SECTION 4(6), AND/OR		DATERE	LEIVED
	V	UNIFORM	A LIMITED O	FFERING EXI	EMPTION		
Name of Offering	(□ check if this is an au	mendment and name	has changed, and indic	cate change.)			
DPI-1, L.L.C. / CI							
Filing Under (Che Type of Filing:	ck box(es) that apply): Mew Filing	☐ Rule 504 ☐ Amendment	☐ Rule 505	⊠ Rule 506	☐ Section 4(6)	DULOE	
			BASIC IDENTIFIC	ATION DATA	BEST AV	All Ance	=
	nation requested about th			adicate abance)	/ (4/	JI HREF	COPY
Name of Issuer	(☐ check if this is a	n amendmeni and na	ume has changed, and it	nuicate change.)			
DPI-1, L.L.C.		4.			T-la-bana Niverber (Inc.	Indian Area Code	
Address of Exect			(Number and Street, C	ity, State, Zip Code)	Telephone Number (Inc. (480) 834-8500	idding Alea Code	,
	iack Road, Suite 175, P ipal Business Operations		(Number and Street, C	ity. State. Zin Code)	Telephone Number (Inc	luding Area Code)
	Executive Offices)	Same	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,, c,,,	Same		<u> </u>
Brief Description of							
•	or real estate develops	nent.				P	ROCESSE
- CD							MAY 0-8-2007
Type of Business (organization	☐ limited partne	rship, already formed	🖾 Other (pleas	se specify)	<i>></i>	THOMSON
•	iness trust	•	rship, to be formed		nited Liability Company		
L 0431			,				FINANCIAL
	ed Date of Incorporation or Organization	on (Enter two-letter I		Actual reviation for State: ign jurisdiction)	Estimated AZ		
GENERAL INST	RUCTIONS				· · · · · · · · · · · · · · · · · · ·		
Federal: Who Must File: All issue	ers making an offering of securic	ies in reliance on an exemp	ion under Regulation D or Sec	tion 4(6), 17 CFR 230.501 et	seq or 15 U.S.C. 776(6).		
When To File: A notice the SEC at the address gi	must be filed no later than 15 da iven below or, if received at that	ys after the first sale of second decrease after the date on wh	urities in the offering. A notice ich is is due, on the date it was	e is deemed filed with the U. mailed by United States regi	S. Securities and Exchange Commissioned or certified mail to that address	ssion (SEC) on the earli ss	er of the date it is received by
	crities and Exchange Commission						
					gned must be photocopies of the mar		
Information Required: A the information previous	t new filing must contain all info ity supplied in Parts A and B. Pa	rmation requested. Amend rt E and the Appendix need	ments need only report the nat not be filed with the SEC.	me of the issuer and offering	any changes thereto, the information	no requested in Part C, a	nd any material charges from
Filing Fee: There is no fi	oderal filing for.						
constructs notice with the	Security and Administrator in each	h state where tales are to b	e or bave born made. If a st	atte roduires the payment of	ve adopted UI,OE and that have ad a fee as a precondition to the claim ant of this notice and must be compl	i kar umi excampuon, n i	relying on ULOE must file of see in the proper amount shall
			ATT	ENTION			
failure to file		priate states will r eral notice will no	not result in a loss of t result in a loss of	f the federal exem an available state	ption. Conversely, exemption unless such	exemption is p	redicated on the
filing of a fed							

SEC 1972 (5-05)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 8

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☑ Manager
Full Name (Last name first, it	(individual)				
De Rito, Martin W.					
Business or Residence Addre	ss (Number and Str	eet, City, State, Zip Code)			
3200 E. Camelback Road, S	Suite 175, Phoenix,	AZ 85018			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, it	findividual)				
Business or Residence Addre	ss (Number and Str	eet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first, it				· · · · · · · · · · · · · · · · · · ·	Managing Partner
, , , , , , , , , , , , , , , , , , , 	•				
Business or Residence Addre	ss (Number and Str	eet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	findividual)	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		TATALOGIA CARACTER
Business or Residence Addre	ss (Number and Str	eet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Business or Residence Addre	ss (Number and Str	eet, City, State, Zip Code)		· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				(viamaging I patrict
Business or Residence Addre	ess (Number and Str	cet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	G General and/or Managing Partner
Full Name (Last name first, i	f individual)				7,000
Business or Residence Addre	ess (Number and Str	reet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	findividual)		<u> </u>	_	, , , , , , , , , , , , , , , , , , ,
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)			
	(1	Use blank sheet, or copy and u	se additional copies of this she	ct, as necessary.)	<u> </u>

Ţ				B.	INFORMAT	TION ABOL	T OFFERIN	(G				
							in this office	-iD	<u>-</u>		Yes	No ⊠
1. Has the	issu c r sold,	or does the							• • • • • • • • • • • • • • • • • • • •	******		-
2 What is	Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?										\$ <u>25</u>	.000
									Yes	No		
3. Does th	e offering po	ermit joint o	wn ers hip of	a single un	it?	******************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				. 🗵	
4. Enter th	ne informatio	n required t	or each pen	son who ha	s been or wi	II be paid o	r given, dire	ctly or indir	ectly, any c	ommission		
or simil	ar remunera an associate	tion for soli	citation of p	urchasers ii roker or de	n connectior aler register	o with sales and with the 3	or securities SEC and/or	s in the one with a state	or states, lis	it the name		
of the b	roker or dea	der. If more	than five (:	5) persons t	o be listed a	re associate	d persons of	f such a bro	ker or deale	r, you may		
set forth	the informa	ation for tha	t broker or d	lealer only.								
Full Name (L	ast name first	, if individual)	<u> </u>								
·					NOT	Γ AP <u>PLICA</u>	RIF					
Business or F	Residence Ado	iress (Numbe	r and Street, C	City, State, Zi		AILLICA	DL,C,					
Name of Ass	ociated Broke	r or Dealer					-					
	ich Person Lis											5
(Check "Al	I States" or ch							(0.01		(CA)	(HI)	All States
[AL] [IL]	(AK) (IN)	(AZ) [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	(CT) (ME)	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[MS]	[MO]
[MT]	(NE)	įΝΥJ	(NH)	[[N]]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR] [WY]	(PA) [PR]
(RJ)	(SC)	(SD)	[אדן	[TX]	[UT]	[דען	[AV]	(WA)	[WV]	[WI]	[W1]	[r.v.j
Full Name (I	ast name first	l, if individua	l)						.			
Business or I	Residence Ada	dress (Numbe	r and Street,	City, State, Z	ip Code)							
						_						
Name of Ass	ociated Broke	r or Dealer				<u> </u>						
	ich Person Lis			la da Calinio D	hushaam							
	uch Person Li: II States" or cl										•••••••••	All States
(AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HJ]	[ID]
[IL]	[IN]	[IA]	[KS]	(KY)	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[M]] [OH]	(MN) (OK)	(MS) [OR]	(MOJ [PA]
[MT] [RI)	[NE] [SC]	[NV] [SD]	[NH]	[U] [TX]	[UT]	[VT]	[AV]	[WA]	[wv]	(wi)	įνγj	[PR]
=======================================		. (6) 11 11	15							<u></u>		
Full Name (Last name firs	t, if individua	1)									
5	Residence Ad	dense Alverbe	and Street	City State 7	in Code)		_					
Business or	Kesidence Ad	arezz (izaniroa	r and succe,	City, State, 2	ip Code)							
Name of Ac	sociated Brok	er or Dealer	 	 						· ·		
Manue Of WZ	SOCIALG DION	O O Deglet										
States in 1Ut	nich Person Li	sted Has Solia	cited or Interv	Is to Solicit F	urchasers							
· ·	II States" or c											🗆 All States
[AL]	[AK]	[AZ]	(AR)	[CA]	[CO]	[CT]	[DE]	(DC)	(FL)	[GA]	(HI)	[ID]
(IL) [MT]	(IN) (NE)	[IA] [NV]	[KS] [NH]	[KY] [NJ]	(LA) [NM)	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	(MS) (OR)	[MO] [PA]
(RI)	[SC]	[SD]	[אדן]	(LXI)	(ហា	[VII]	(VA)	[WA]	įwvj	įwrj	(WY)	(PR)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Aiready Aggregate Offering Price Sold Type of Security Debt Equity ☐ Preferred □ Common Convertible Securities (including Warrants)..... Partnership Interests 000,008 2 Other (Specify Class A Units) \$ 800,000 000,008 2 Total..... \$ 800,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number of Purchases investors 000,008 2 Accredited Investors Non-accredited Investors -0-Total (for filings under Rule 504 only)..... N/A N/A Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Security Sold Type of offering N/A N/A Rule 505 N/A Regulation A N/A Rule 504 N/A N/A N/A N/A Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The

information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees..... Printing and Engraving Costs Legal Fccs \$ 10,000 Accounting Fees..... Engineering Fees.... Sales Commissions (specify finders' fees separately)...... _____ Other Expenses (identify)

\$ 10,000

Total

ъ_	C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPENSE	S AND U	SE OF PROCEEDS		
	b. Enter the difference between the aggregate of Question I and total expenses furnished in response the "adjusted gross proceeds to the issuer."	to Part C - Question 4.a. Th	is diffen	ence is		\$ 790,000
5.	Indicate below the amount of the adjusted gross prused for each of the purposes shown. If the amount estimate and check the box to the left of the estimate the adjusted gross proceeds to the issuer set forth in respectively.	nt for any purpose is not known. The total of the payments list	wn, furr ted mus	iish an tequal		· ////
				Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and Fees	***************************************		\$. 0	S
	Purchase of real estate	***************************************	. 🛮	\$		s
	Purchase, rental or leasing and installation of machiner	y and equipment	. 🗆	5	_ 0	S
	Construction or lease of plant buildings and facilities		. 🖸	5		\$
	Acquisition of other businesses (including the value of offering that may be used in exchange for the assets or issuer pursuant to a merger)	securities of another	. 0	•	_	r
	Repayment of indebtedness			\$ \$		\$
	Working capital			S	. D	\$ 790,000
	Other (specify)		_	-		\$ *70 ₁ 000
	(0)		• •			
			. 0	\$. 0	<u>s</u>
	Column Totals			s	. 🗵	\$ <u>790,000</u>
	Total Payments Listed (column totals added)		•	⊠ \$ <u>79</u>	0,000	
	D	FEDERAL SIGNATURE		<u> </u>		
gnatu	uer has duly caused this notice to be signed by the und re constitutes an undertaking by the issuer to furnish to ation furnished by the issuer to any non-accredited investo	the U.S. Securities and Exc	hange C	Commission, upon v	under Ru written re	ale 505, the following equest of its staff, the
Issuer	(Print or Type)	Signature		,		Date
	, LL.C.	12 CHAIL				4/13/07
	of Signer (Print or Type)	Title of Signer (Prinyor 1	ype)			1 ,1,,
	n W. De Rito	Manager	• 6 - 7			

 \mathcal{END}

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)